

CITY OF WHITTIER

Business License Application

DEPARTMENT USE ONLY

Date Received: _____

☐ New License ☐ Renewal ☐ PTBT

License Number: _____

Date Issued: _____

Any individual, company or partnership that regularly engages in business activity in Whittier must have a business license for that activity. Business activity includes nonprofit as well as profit operations. A separate license is required for each business activity that falls within a different line of business. A business, which engages in several different activities in a single location, will need more than one business license. A business license is not transferable. If a business is sold, the new owner must purchase a new license. If you have any questions, call the City of Whittier – 907/472-2327, ext. 102.

Licenses are issued for a period of two calendar years (Jan. 1 – Dec. 31)
Licenses obtained any time during the year 2010 will expire on December 31, 2011.

The nonrefundable Business License application fee is **\$50.00**. Make checks payable to **The City of Whittier**.

If your business is engaged in transporting passengers, you have the option of electing to have the Whittier Passenger Transportation Business Tax (PTB Tax) apply to your business rather than the 5 % Whittier sales tax.

☐ Please check this box and complete the Application for Submission to the Whittier Passenger Transportation Business Tax if you wish to elect this option.

Note: You must have a valid Alaska State Business License before your Whittier Business License Application can be issued.
(Please include a copy of your State Business License with this application).

AK Business License Number: _____ Expiration Date: _____

Business Name: _____ DBA: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Nature and Description of Business _____

Will this business be selling liquor? _____ Estimated Sales: _____ Hotel/Motel/B&B? _____ Estimated Sales: _____

☐ Corporation or Limited Liability Company (LLC)
Corporation Name: _____ EIN: _____

☐ Sole Proprietorship
Proprietor's Name: _____ SSN: _____

☐ Partnership, Limited Liability Partnership or Limited Partnership. Please provide the social security number of the primary partner and the names of the first two partners. If there are more than 2 partners, please attach a complete list of partner names.

Partner #1: _____ SSN: _____

Partner #2: _____ SSN: _____

This application must be signed and dated by the person completing this application on behalf of the business and must state the person's title or position in the business.

I declare, under penalty of perjury, that this application is true and complete.

Signature

Printed Name

Title

Date